

INTERVAL HEALTH HISTORY FOR SPORTS PARTICIPATION

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Student: _____ Age: _____
(Print)

Grade: 7 8 9 10 11 12

Date of Birth ___/___/___ Sport: _____

Level: Var JV Jr. High

Date of last physical: ___/___/___ Approved by Nurse: Yes No

NOTE: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

The answers to the questions of this form will be held in the school health office and will be kept confidential.

HISTORY SINCE LAST HEALTH APPRAISAL:

If the answer to any of the following questions is "YES", please describe the condition or situation that prompted your answer.

- 1. Any injuries requiring medical attention? YES NO
- 2. Any illness lasting more than five (5) days? YES NO
- 3. Taking medicine or under physician's care at this time? YES NO
- 4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? YES NO
- 5. Change in wearing glasses or contacts? YES NO
- 6. Any surgical operations or fractures? YES NO
- 7. Any treatment in a hospital or emergency room? YES NO
- 8. Developed any allergies? YES NO
- 9. Any chronic disease? YES NO

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: _____